



AS EDI GATEWAY, INC.

*ANSI ASC X12N (Version 4010A1)
820 Premium Payment*

*Washington State Medical Assistance Administration
Companion Guide*

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Disclaimer

Purpose of the ANSI ASC X12N 820 Premium Payment Transaction Companion Guide

This companion guide for the ANSI ASC X12N 820 transaction has been created for use in conjunction with the standard Implementation Guide. It should not be considered a replacement for the Implementation Guide, but rather used as an additional source of information. The Companion Guide contains data clarifications derived from specific business rules that apply exclusively to Medicaid processing for Washington State Medical Assistance Association (MAA). The guide also includes useful information about sending and receiving data to and from ACS EDI Gateway, Inc.

Submitters are encouraged to check the Washington GCRO website periodically for updates to the companion guides at:

http://www.acs-gcro.com/Medicaid_Accounts



Documentation change control is maintained in this document through the use of the Change Control Table shown below. All changes made to this companion guide after the creation date are noted along with the author, date and reason for the change.

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AT A GLANCE

Chapter 1, Introduction

Chapter 1 includes a brief overview of ACS EDI Gateway and the services it provides.

Chapter 2, Transmission Methods

Chapter 2 discusses data delivery transmission methods.

Chapter 3, Testing

Chapter 3 discusses transaction testing procedures.

Chapter 4, Payer Specific Data

Chapter 4 includes information on Enrollment and ACS EDI Gateway contact information.

Chapter 5, Transaction Description - V4010.A1

Chapter 5 contains a description of the transaction usage as well as a data clarification chart indicating the specific ANSI ASC X12N 820 data and values used by the Washington State Medical Assistance Administration MMIS.



CHAPTER 1 INTRODUCTION

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) includes requirements that national standards be established for electronic health care transactions, and national identifiers for providers, health plans, and employers. These standards are being adopted to improve the efficiency and effectiveness of the nation's health care system by encouraging the widespread use of electronic data interchange in health care.

The Washington Medical Assistance Administration is striving to assist their Medicaid providers in achieving this transition. Washington State Medical Assistance Administration chose ACS EDI Gateway, Inc. as a partner in this process. ACS EDI Gateway supplies EDI services to Washington State MAA Medicaid clients and providers. Washington State MAA Medicaid clients and providers will have access to a variety of EDI services delivering an array of tools that allow you to:

- Easily submit all of your transactions to one source
- Submit transactions twenty-four hours a day, seven days a week
- Receive confirmation of receipt of each file transferred

Healthcare plans that participate with ACS EDI Gateway, Inc. are referred to as payers. Transactions are accepted electronically into our data center in Tallahassee, Florida and are processed through the ACS State Healthcare Clearinghouse (SHCH) engine. The ACS SHCH provides connectivity for the flow of electronic health care transactions between medical providers, billing services, vendors, other clearinghouses and the Washington State MAA MMIS (WA MMIS) system. Additionally, ACS SHCH provides translation to and from ANSI ASC X12N standard formats.

AUDIENCE

This Companion Guide is intended for trading partner use in conjunction with the ANSI ASC X12N National Implementation Guide. The ANSI ASC X12N Implementation Guides can be accessed at http://www.wpc-edi.com/Insurance_40.asp.



CHAPTER 2 TRANSMISSION METHODS

Data Submission and Retrieval This section describes the available transmission modes from ACS EDI Gateway.

Asynchronous Dial-Up

ACS EDI Gateway provides an interactive, menu-driven Host Data Exchange System (HDE) that allows you to upload your transaction files and receive immediate confirmation of the status of your transfer. This Host Data Exchange System can be accessed using a standard modem and supports modem speeds of up to 56,000 bps. Transaction transmission is available twenty-four hours a day, seven days a week. This availability is subject to scheduled and unscheduled host downtime. It is operational policy to schedule preventative maintenance periods on weekends whenever possible.

Hardware Requirements

Hayes-compatible 2400-56K BPS asynchronous modem.

Software Requirements

PKZIP or WINZIP
XMODEM, YMODEM, ZMODEM, or Kermit

Communication Protocols

ACS currently supports the following communication options:

XMODEM, YMODEM, ZMODEM, and Kermit

Teleprocessing Requirements

The general specifications for communication with ACS are:

Telecommunications	Hayes-compatible 2400-56K BPS asynchronous modem.
File Format	ASCII text data.
Compression Techniques	PKZIP will compress one or more files into a single ZIP archive. WINZIP will compress one or more files into a single ZIP archive. ACS accepts transmission with any of the above compression techniques, as well as non-compression files.
Data Format	8 data bit, 1stop bit, no parity, full duplex.



Transmission Protocol

ZMODEM uses 128 byte to 1024 byte variable packets and a 16-bit or 32-bit Cyclical Redundancy Check (CRC).

XMODEM uses 128 byte blocks and a 16-bit CRC.

YMODEM uses 1024 byte blocks and a 16-bit CRC.

KERMIT can be accepted if X, Y, or ZMODEM capabilities are not available with your communication software.

Teleprocessing Settings

ASCII Sending

Send line ends with line feeds (should not be set).

Echo typed characters locally (should not be set).

Line delay 0 milliseconds.

Character delay 0 milliseconds.

ASCII Receiving

Append line feeds to incoming line ends should not be checked.

Wrap lines that exceed terminal width.

Terminal Emulation

VT100 or Auto.



Transmission Procedures

LAPM/V42BIS

Welcome to ASAP HOST Communication System!

Please Enter your User name =>77045

Checking user file.

Please Enter your password =>770451111

SUBMITTER

1. *Dials ACS Host*
2. *Enter Logon Name <CR>*
3. *Enter Password <CR>*

HOST SYSTEM

Answers call, negotiates a common baud rate, and sends to the trading partner:

"Please enter your User Name=>"

Receives User Name (Logon Name) and sends to the trading partner:

"Please enter your password=>"

Receives Logon and verifies if trading partner is an authorized user.

Sends HOST selection menu followed by a user prompt:



```
ASAP Host Communications System -  
  
[Select Desired ASAP Function]  
  
1. Electronic Submission  
2. View Submitter Profile  
3. Select File Transfer Protocol  
5. File Areas  
9. Exit & Disconnect  
  
Please Enter Your Selection=>
```

4. Enter "5" to view file <CR>

"Please Select from the Menu Options Below=>"

#5. Files Area: Retrieves the files.



No.	File Area Selection	File Area Description
#1	077045	>NAME OF FILE<
#2	077045	>NAME OF FILE<
[F]	ile Area	[L]ist [M]ain Menu [G]oodbye
Enter		Selection=>F

5. *Enters Desired Selection <CR>*

#F. **File Area:** Retrieves the File.

#L. **List:** Lists the Files to Retrieve.

#M. **Main Menu:** Returns to the Main Menu.

#G. **Goodbye:** Terminates connection.



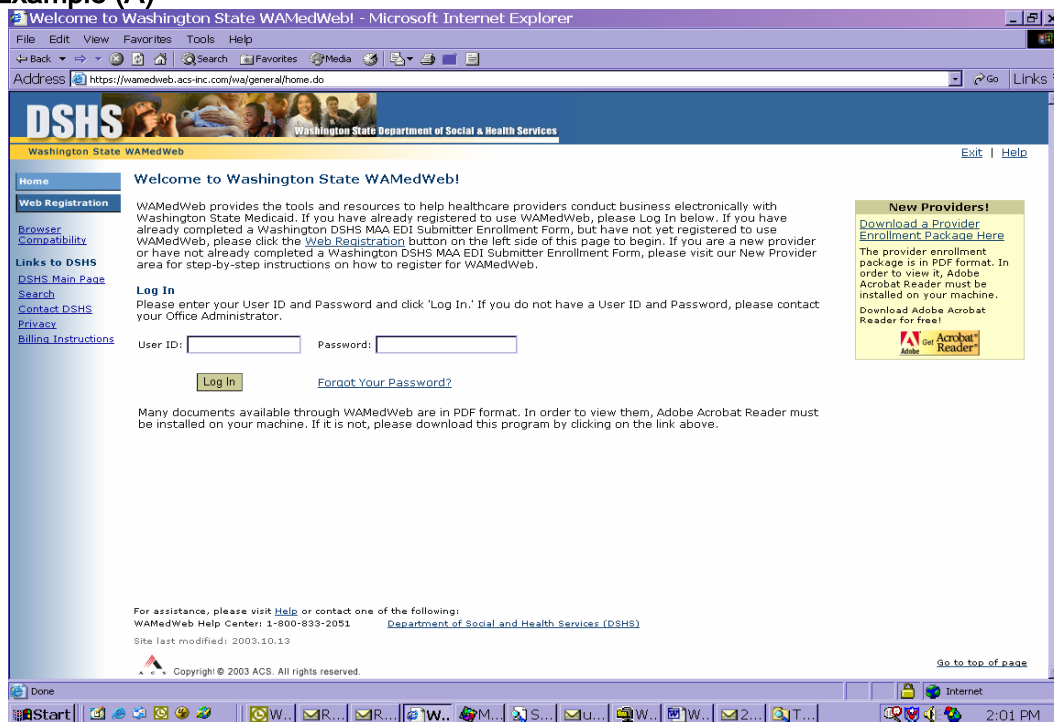
Web Portal

The web portal method allows a trading partner to initiate the retrieval of a batch file for processing. The trading partner must be an authenticated portal user who is a provider. Only active Washington State Medicaid clients and providers are authorized to access files via the web. The provider accesses the web portal via a web browser and is prompted for login and password assigned to them during the EDI Enrollment process.

Site Access

The web address to access data from ACS EDI Gateway is <http://wamedweb.acs-inc.com>. Web browsers must be able to support 128-bit encryption to enter the Data Exchange area of the site. We recommend using Internet Explorer 5.5 or above for best results. Upon reaching the site, enter a valid User ID and Password (issued by ACS EDI Gateway). Click on the Login button to request access to the secure Data Exchange area.

Example (A)



Entering an invalid User ID or Password will cause an error screen to show and entry will not be allowed. Enter access information exactly as it is specified, including case and spaces, if any. If the correct User ID and Password have been entered to access to the Web Portal area and a failure occurs, please contact our ACS EDI Support Unit at 1(800) 833-2051 for assistance.



Data Exchange

Example (B)

The screenshot displays the Washington State WAMedWeb portal. At the top, there is a blue header with the DSHS logo and the text "Washington State Department of Social & Health Services". Below this is a yellow navigation bar with links: HOME, INQUIRIES, SUBMISSIONS, RETRIEVALS, MANAGE USERS, and MY ACCESS. The RETRIEVALS link is highlighted. To the right of the navigation bar are links for "Exit" and "Help". Below the navigation bar, the page title is "Retrievals". Under "Retrievals", there is a link "View/Download Files" with a mouse cursor pointing to it. To the right of this link is a paragraph of text explaining the retrieval process. At the bottom of the page, there is a footer with contact information and a copyright notice.

Washington State WAMedWeb [Exit](#) | [Help](#)

[HOME](#) | [INQUIRIES](#) | [SUBMISSIONS](#) | [RETRIEVALS](#) | [MANAGE USERS](#) | [MY ACCESS](#)

[Home](#) > Retrievals ACS WASHINGTON WEB PORTAL

Retrievals

[View/Download Files](#) Choose a Submitter ID and retrieve lists of downloadable and viewable files. The Submitter IDs available are determined by the organization you logged into (displayed under the navigation bar on the right). To change the organization you are logged into, click 'My Access' from any page and choose the 'Change Organization' option. Files are either downloadable or viewable based on your Trading Partner agreement. Viewable files are displayed in PDF format and require Adobe Acrobat Reader for viewing.

For assistance, please visit [Help](#) or contact the WAMedWeb Help Center at 1-800-833-2051.
Site last modified: 2003.10.13

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Click on the View/Download Files link to view retrieval files.



Retrieve Files

Example (C)

DSHS Washington State Department of Social & Health Services

Washington State WAMedWeb [Exit](#) | [Help](#)

[HOME](#) | [INQUIRIES](#) | [SUBMISSIONS](#) | [RETRIEVALS](#) | [MANAGE USERS](#) | [MY ACCESS](#)

[Home](#) > [Download Files](#) > [View / Download Files](#) ACS WASHINGTON WEB PORTAL

View / Download Files

Please select a Submitter ID and click 'Submit' to retrieve a list of available files.

Submitter ID:

If you do not have Adobe Acrobat currently installed on your machine, you must exit the secure site and click the 'Get Adobe Acrobat Reader' link provided on the login page. Exiting the secure site will log you out and you will need to log in again once Adobe Acrobat Reader is installed. You should be able to determine whether or not Adobe Acrobat Reader is installed on your machine by clicking **Start>Programs** in Windows and seeing if Acrobat Reader is listed there as a menu item.

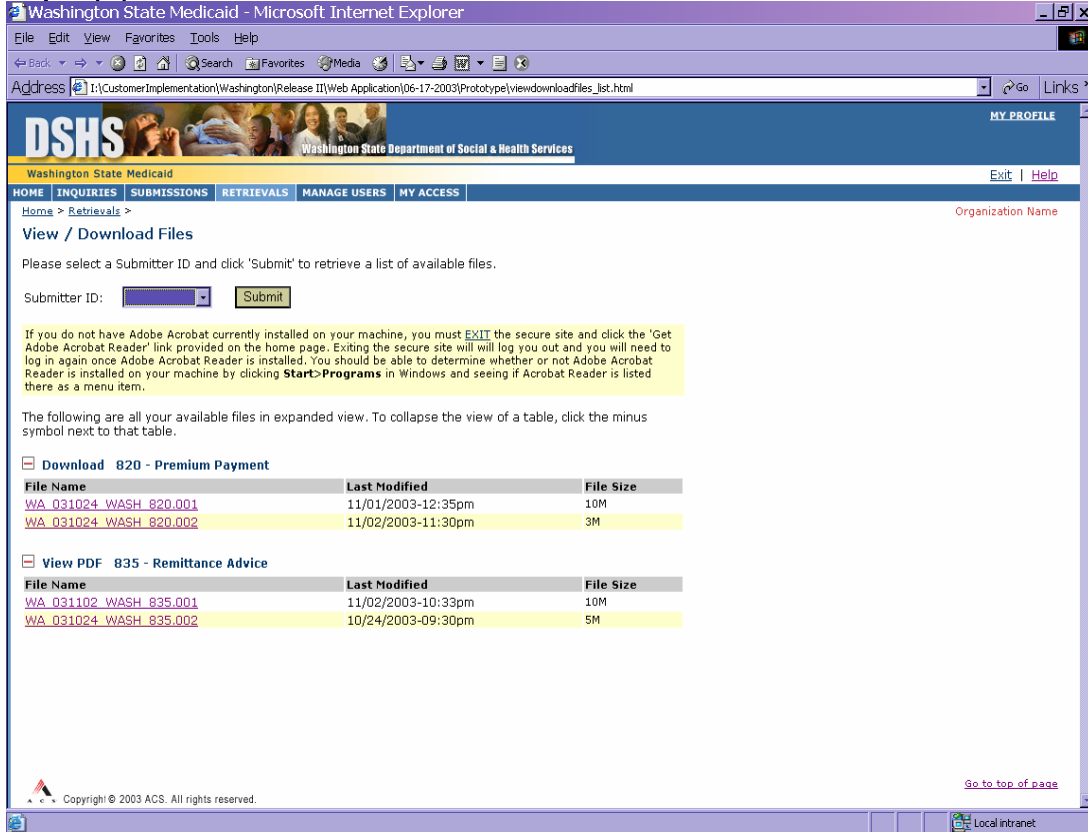
For assistance, please visit [Help](#) or contact the WAMedWeb Help Center at 1-800-833-2051.
Site last modified: 2003.10.13

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Use the drop down box to select the correct submitter id then click the submit button.

File Display

Example (D)



Washington State Medicaid - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address I:\CustomerImplementation\Washington\Release II\Web Application\06-17-2003\Prototype\viewdownloadfiles_list.html Go Links

DSHS Washington State Department of Social & Health Services

Washington State Medicaid MY PROFILE

HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS

Home > Retrievals >

Organization Name

View / Download Files

Please select a Submitter ID and click 'Submit' to retrieve a list of available files.

Submitter ID: Submit

If you do not have Adobe Acrobat currently installed on your machine, you must **EXIT** the secure site and click the 'Get Adobe Acrobat Reader' link provided on the home page. Exiting the secure site will log you out and you will need to log in again once Adobe Acrobat Reader is installed. You should be able to determine whether or not Adobe Acrobat Reader is installed on your machine by clicking **Start>Programs** in Windows and seeing if Acrobat Reader is listed there as a menu item.

The following are all your available files in expanded view. To collapse the view of a table, click the minus symbol next to that table.

☐ Download 820 - Premium Payment

File Name	Last Modified	File Size
WA_031024_WASH_820.001	11/01/2003-12:35pm	10M
WA_031024_WASH_820.002	11/02/2003-11:30pm	3M

☐ View PDF 835 - Remittance Advice

File Name	Last Modified	File Size
WA_031102_WASH_835.001	11/02/2003-10:33pm	10M
WA_031024_WASH_835.002	10/24/2003-09:30pm	5M

Go to top of page

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Local intranet

Once the files are retrieved, they will be displayed on this screen. Click on the hyperlink file name, this will open the file in Adobe Acrobat.



ADDITIONAL TRANSMISSION METHODS FOR DATA DELIVERY

Important Note

Please note that some options for data submission and retrieval may involve connectivity issues and have additional cost factors that will need to be resolved prior to implementation. The modes shown below are best implemented for large submitter transaction volumes (switch vendors and intermediaries). The technology will incur additional expense for the requesting provider community.

Please contact the ACS EDI Support Unit for more information. The ACS EDI Support Unit is available to all Washington State Medicaid clients and providers Monday through Friday from 8:00 a.m. to 5:00 p.m. PST at 1(800) 833-2051.



TCP/IP

There is a expense associated with using this method of submission that will be the responsibility of the submitter.

TCP/IP (Transmission Control Protocol/Internet Protocol) is a communication language or protocol of the Internet. TCP/IP can also be used as a communications protocol in a private network. TCP/IP is a two-layer program and uses the client/server model of communication. In this model, a computer user (a client) requests and is provided a service by another computer (a server) in the network. The Transmission Control Protocol, manages the assembling of a message or file into smaller packets that are transmitted over the Internet and received by a TCP layer that reassembles the packets into the original message. The Internet Protocol sends each packet address to the correct destination. Each gateway computer on the network checks this address and forwards the message. When some packets from the same message are routed differently than others, they are reassembled at the destination.

In order to send or receive data via TCP/IP, technical specifications must be exchanged between the two trading partners. Specific software/hardware requirements vary depending on the individual system requirements of the external trading partner.

Please contact the ACS EDI Support Unit for more information about TCP/IP data transmissions. The ACS EDI Support Unit is available to all Washington State Medicaid clients and providers Monday through Friday from 8:00 a.m. to 5:00 p.m. PST at **1(800) 833-2051**.



CHAPTER 3 TESTING

Completion of the testing process must occur prior to electronic retrieval from the ACS EDI Gateway. Assistance from the ACS EDI Support Unit is available throughout this process. Testing is conducted to verify the integrity of the format, not the integrity of the data; however, in order to simulate a production environment, ACS will send live transmission data. The number of test transmissions required depends on the number of format errors on a transmission and the relative severity of these errors. Additional testing may be required in the future to verify any changes made to the ACS system. Changes to the ANSI formats may also require additional testing.

TRADING PARTNER TESTING PROCEDURES

- ACS provides companion guides and enrollment packages for download via the web at: <http://www.acs-qcro.com>.
- The trading partner completes the enrollment package and submits to ACS EDI Gateway.
- The trading partner is assigned a Trading Partner ID, a Logon Name and Logon User ID.
- The trading partner contacts the ACS EDI Support Unit at **1(800) 833-2051** to arrange a testing schedule and complete their EDIFECs enrollment.
- The ACS EDI Gateway sends data to the trading partner mailbox.
- The trading partner downloads the file via web or BBS.
- If the test files are completed successfully, the trading partner is approved for placement into the ACS production environment.
- If the test files are unsuccessful, the trading partner will remain in the testing environment until a successful retrieval is completed.



EDIFECS – HIPAAdesk ONLINE TESTING APPLICATION

EDIFECS – HIPAAdesk is an online HIPAA testing application available to the Washington State Medicaid clients and providers. HIPAAdesk offers the following types of testing against the base HIPAA implementation guidelines for free.

- **Test all 7 WEDI/SNIP Types.** HIPAAdesk provides all 7 Types of WEDI/SNIP testing for HIPAA including integrity testing, requirement testing, balancing testing, situational testing, code set testing, product or services testing, and guide-specific testing.
- **Test the HIPAA Code Sets.** Validate over 40 of industry code tables and databases.
- **Get your Answers Fast.** With HIPAAdesk, the results of your free compliance testing are typically available within seconds for small files and within minutes for files up to 10 megabytes and larger.

The Washington State Medicaid client and provider community can access the EDIFECS – HIPAAdesk online application at: <https://www.hipaadesk.com/?acs>. Submitters will test claims submissions through the EDIFECS - HIPAAdesk utility and will receive a file status report. Once these files test with no errors, a submitter may then submit test claims submissions to ACS SHCH for Client Integration testing.



CHAPTER 4 PAYER SPECIFIC DATA

EDI SUPPORT

The ACS EDI Support Unit assists users with questions about electronic transactions submission. The ACS EDI Support Unit is available to all Washington State MAA Medicaid clients and providers each weekday, Monday through Friday from 8:00 a.m. to 5:00 p.m. PST at 1(800) 833-2051 ACS EDI Gateway Services:

- Provides information on available services
- Enrolls users for transaction submission
- Verifies receipt of electronic transmissions
- Provides technical assistance to users who are experiencing transmission difficulties

ENROLLMENT INFORMATION

Any entity sending electronic transactions to ACS EDI Gateway for processing or who receives delivery of reports and responses must complete an EDI enrollment package. This package provides ACS EDI Gateway the information necessary to assign a Logon Name, Logon ID, and Trading Partner ID, which are required to submit electronic transactions.

Enrollment packages may be obtained by contacting the ACS EDI Support Unit or by downloading from the ACS website at <http://www.acs-qcro.com>

TRANSMISSION/PRODUCTION PROBLEMS

ACS EDI Gateway provides availability for transmission 24 hours a day, 7 days a week. There are no restrictions on the number or frequency of transmissions. The transmission telephone numbers are 1(800) 334-4650 and 1(800) 334-2832.

Tracking Transmission/Production Problems

Have the following information available when calling the ACS EDI Support Unit regarding transmission and production issues:

Trading Partner ID: Your Trading Partner ID is the key to accessing Trading Partner information. Please have this number available each time ACS EDI Support Unit is contacted.

Logon Name and Logon User ID: These allow asynchronous submitters access to the host system for transaction submission. The ACS EDI Support Unit uses this information to reference your submitted data.



HIGHLIGHTS

- Each Washington user is assigned a seven-digit Trading Partner ID beginning with (8).
- Logon User IDs (passwords) are nine characters.
- All dates are in the CCYYMMDD format.
- All date/times are in the CCYYMMDDHHMM format.
- The same phone number will be used for transmitting test and production.
- All Washington State MAA Medicaid Provider IDs are seven digits long.
- The Receiver ID and Payer ID for Washington State Medicaid is **77045**. Transmissions without this value in the appropriate fields will not be processed.
- The Trading Partner Agreement determines where reports and responses will be delivered.



CHAPTER 5 TRANSACTION DESCRIPTION V4010.A1

This companion guide for the ANSI ASC X12N 820 Premium Payment transaction has been created for use in conjunction with the standard Implementation Guide. It should not be considered a replacement for the Implementation Guide, but rather used as an additional source of information. The data clarifications are derived from specific business rules that apply exclusively to Medicaid processing for the Washington State.

Printed Remittance Advices (RAs) will continue to be produced with the same level of detail currently provided and on the current schedule.

The ANSI ASC X12N 820 replaces the existing electronic remittance advice for premium payments. Please see the ANSI ASC X12N 820 Implementation Guide for details on the ANSI ASC X12N 820 transaction.

DATA CLARIFICATIONS

The following table contains data clarifications for the ANSI ASC X12N 820 transaction. Please note that not every field is listed. Only the fields requiring specific data clarifications or containing hard coded values are shown.

**Please note the page numbers listed below in each of the tables represent the corresponding page number in the ANSI ASC X12N Implementation Guide for this transaction. Please refer to the Implementation Guide for any questions concerning standard data requirements for this transaction.*

*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
Header				
34	Header	ST	01	Transaction Set Identifier Code This field will be populated with "820". Use of the 820 transaction to accomplish electronic remittance advice replaces the existing electronic RA file. Providers may still request a paper RA.
34	Header	ST	02	Transaction Set Control Number Unique identifier for this transaction; it is repeated on the transaction Trailer.



*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
36	Header	BPR	01	Transaction Handling Code This field will be populated with "I" for Remittance Information only
37	Header	BPR	02	Total Premium Payment Amount
37	Header	BPR	03	Credit/Debit Flag This field will be populated with "C" for Credit
37	Header	BPR	04	Payment Method Code This field will be populated with "ACH" (electronic funds transfer) or "CHK" (check) as directed by the provider to ACS Provider Relations.
38	Header	BPR	05	Payment Format Code If payment method is "ACH", this field will be populated with "CCP" for remittance separate from dollars.
39	Header	BPR	06	DFI ID Qualifier If payment method is "ACH", this field will be populated with "01" for ABA Transit Routing Number (with check digits).
39	Header	BPR	07	DFI ID Number If payment method is "ACH", this field will be populated with MAA's Bank Transit Routing Number.
39	Header	BPR	08	Account Number Qualifier If payment method is "ACH", this field will be populated with "DA" for demand deposit.
40	Header	BPR	09	Sender Bank Account Number Populated if payment method is "ACH".
40	Header	BPR	10	Originating Company Identifier MAA's Federal Taxpayer ID '91-6001088'
40	Header	BPR	11	Originating Company Supplemental Code This field is not used.



*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
40	Header	BPR	12	DFI ID Qualifier If payment method is "ACH", this field will be populated with "01" for ABA Transit Routing Number (with check digits).
41	Header	BPR	13	DFI ID Number If payment method is "ACH", this field will be populated with the Health Maintenance Organization's (HMO) bank transit routing number. This information is provided by the Office of Finance and Treasury
41	Header	BPR	14	Account Number Qualifier If payment method is "ACH", this field will be populated with one of the following: "DA" = Demand Deposit or "SG" = Savings
41	Header	BPR	15	Receiver Bank Account Number If payment method is "ACH", this field will be populated with the HMO's bank account number.
41	Header	BPR	16	Check Issue or If EFT, Effective Date = CCYYMMDD.
43	Header	TRN	01	Trace Type Code This field will be populated with "1" for Current Transaction Trace Number
44	Header	TRN	02	Check or EFT Trace Number This field will be populated with the number of the check issued by the Office of Finance and Treasury (OFT) or with the EFT Trace Number associated with this transfer of funds. This information is provided by the Office of Finance and Treasury



*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
44	Header	TRN	03	Originating Company Identifier MAA's Federal Taxpayer ID preceded by "Hard code '1916001088'.
44	Header	TRN	04	Originating Company Supplemental Code This field is not used.
48	Header	REF	01	Premium Receiver ID Qualifier This field will be populated with "14" for Master Account Number
49	Header	REF	02	This will be the Plan's Medicaid Submitter ID number
54	Header	DTM	01	This field will be populated with "582" for Reporting Period
55	Header	DTM	06	Coverage Period The First and Last date of the month in which the premium is paid.
Premium Receiver's Name (Loop 1000A)				
56	1000A	N1	01	This field will be populated with "PE"
57	1000A	N1	02	Premium Receiver's Name
57	1000A	N1	03	This field will be populated with "FI"
57	1000A	N1	04	Premium Receiver's Federal Taxpayer's Identification Number
59	1000A	N3	01	Premium Receiver's Address
60	1000A	N4	01	Premium Receiver's City
60	1000A	N4	02	Premium Receiver's State
61	1000A	N4	03	Premium Receiver's Zip Code
Premium Payer's Name (Loop 1000A)				
62	1000B	N1	01	This field will be populated with "PR"
63	1000B	N1	02	This field will be populated with "Washington State DSHS Medical Assistance Administration"
63	1000B	N1	03	This field will be populated with "FI"



*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
63	1000B	N1	04	Premium Payer's ID This field will be populated with MAA's Federal Taxpayer ID "91-6001088"
70	1000B	PER	01	This field will be populated with "IC"
70	1000B	PER	02	Premium Payer Contact Name This field will be populated with 'MAA Provider Relations'
70	1000B	PER	03	This field will be populated with "TE"
70	1000B	PER	04	Payer Communication Number '8005626188'
Individual Remittance (Loop 2000B)				
87	2000B	ENT	02	This field will be populated with "2J"
87	2000B	ENT	03	This will be populated with "EI"
87	2000B	ENT	04	Employee Identification (EI) Number = MAA's PIC number in the original format of: 1. First Five letters of Last Name 2. First name Initial 3. Middle Initial 4. Date of birth in YYMMDD format Tie Breaker
Individual Name (Loop 2100B)				
88-89	2100B	NM1	01	This field will be populated with "EY"
89	2100B	NM1	02	This field will be populated with "1"
89	2100B	NM1	03	Recipient Last Name
89	2100B	NM1	04	Recipient First Name
89	2100B	NM1	05	Recipient Middle Initial
89	2100B	NM1	08	This field will be populated with "N"
90	2100B	NM1	09	Patient Identification number (PIC)
Individual Premium Remittance Detail (Loop 2300B)				



*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
92	2300B	RMR	01	This field will be populate with 1. "AZ" when the premium is auto-generated by MMIS 2. "IK" when the premium for payment of a supplemental billing. "AZ" for monthly capitated premium payments or "IK" for all payments other than the monthly capitation premium
92	2300B	RMR	02	This field will include: 1. The MMIS ICN reference number followed by the "auto-generated" premium amount when RMR01="AZ" 2. The MMIS procedure code followed by the supplemental premium amount when RMR01 = "IK" When RMR01 = "AZ" this filed will include the MMIS ICN claim number beginning with "4." When RMR01 = "IK" this filed will include the MMIS procedure code (0351M, 0365M or 0367M) to identify if payment is for Newborn, DCR, or "S" supplemental.
93	2300B	RMR	04	Individual Premium Payment Amount
93	2300B	RMR	05	Claim Charge Amount This will be the WA MMIS' calculated premium payment amount and will be the same as RMR04.
94	2300B	DTM	01	This field will be populated with "582"
95	2300B	DTM	05	Date Time Period Format Qualifier "RD8"
95	2300B	DTM	06	First and Last Date of Service Format = CCYYMMDD-CCYYMMDD
Member Count (Loop 2315A)				
80	2315	SLN	04	Please note that the total head count shown in this field will not always match the detail line numbers included in the 820 report due retroactive adjustments (for newborns and other items).



*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
Individual Premium Adjustment (Loop 2320B)				
96	2320B	ADX	01	This field will be populated if there is an adjustment to a previously paid premium.
97	2320B	ADX	02	This field will be populated with "52" = Payer credit for previous overpayment "53" = Remittance for previous underpayment